

OCCURRENCE DATE(S)		DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-011679		STN# 08		PRIMAR YES									
ON OR BETWEEN																							
MM/DD/YY 08/10/2015		MM/DD/YY 08/10/2015		MM/DD/YY 08/10/2015		AGENCY SANTA FE PD		GEOGR. CODE 01075		CASE NUMBER 15-011679		BURGLAR FORCE NO F. <input checked="" type="checkbox"/> <input type="checkbox"/>		NO. OF UNITS ENT.									
TIME 10:30		DAY OF WEEK MON		TIME 13:00		DAY OF WEEK MON		TIME 01:30		DAY OF WEEK MON		ADDRESS / LOCATION OF INCIDENT 609 GRIFFIN STREET		CITY SANTA FE		CTY. 01		ZIP 87502		GANG REL. YES NO <input type="checkbox"/> <input type="checkbox"/>		HATE / BIAS MOT. CODE	
OFFENSE / INCIDENT																							
1 BURGLARY - RESIDENTIAL 30-16-3A F C NO NO NO 20 01 UNK UNK UNK																							
2 UNLAWFUL TAKING OF MV <\$2,500 30-16D-1(A)(1) F C NO NO NO 20 01 UNK UNK UNK																							
PERSON CODES: P-PARENT/GUARDIAN, R-REPORTING PERSON, H-INTERVIEWED, V-VICTIM, C-CITED, S-SUSPECT, A-ARRESTED, W-WITNESS, D-DECEASED, M-MISSING PERSON, A-ARRESTED RUNAWAY, O-OTHER, TYPE CODES: H-INDIVIDUAL, B-BUSINESS, F-FINANCIAL INST., P-POLICE, G-GOVERNMENT, R-RELIGIOUS, S-SOCIETY/TYP, O-OTHER, U-UNKNOWN, INJURY CODES: B-BAPPARENT BROKEN BONE, I-POSSIBLE INTERNAL INJURY, L-SEVERE LACERATION, M-MAPPARENT MINOR INJURY, O-OTHER MAJOR INJURY, T-LOSS OF TEETH, U-UNCONSCIOUSNESS, N-NONE, ETHNIC CODES: B-BLACK, H-HISPANIC/MEXICAN, J-JAPANESE, A-AMERICAN INDIAN/NATIVE AMERICAN, A-ASIAN/ORIENTAL, C-CHINESE, J-JAPANESE, W-WHITE, O-OTHER, U-UNKNOWN																							
PERSON N CODE: R, TYPE CODE: I, INJURY CODE: N, 1-NAME (LAST, FIRST, MIDDLE, SUFFIX): COBURN, EVELYN BESS, STREET ADDRESS: 2828 ALBEMARLE ST NW, APT. NO.: , CITY: WASHINGTON, CTY.: , STATE: DC, ZIP: 20008-1036, RES. PHONE: (202) 841-6266, BUS. PHONE: , SOCIAL SECURITY NO.: , DOB: , AGE: , SEX: F, RACE: WHT BLK ASIA IND UNK, HEIGHT: 5' 08", WEIGHT: 125 LBS, HAIR: BRO, EYES: BRO, ETHNIC: , AGG. ASSAULT JUST. HOM. CODE: , VICTIM OF OFF. NO.: , VICTIM OF SUSP. NO.: , REL.: , VICTIM OF SUSP. NO.: , REL.: , VICTIM OF SUSP. NO.: , REL.: , VICTIM OF SUSP. NO.: , REL.: , PROPERTY STATUS: 1, PROPERTY TYPE: 77, TYPE OF ITEM: DIGITAL CAMERA, MAKE / BRAND: CANON, MODEL: UNK, CALIBER: , VALUE: \$600.00, DRUG VALUE: , SUSPECTED DRUG TYPE: 1, QUANTITY: 1, UNIT OF MS.: , DESCRIPTION (COLOR, SIZE, FEATURES, ETC.): BLACK CANNON CAMERA, SERIAL / OAN: , DATE RECOVERED: , N.I.C. NO.: , PROPERTY STATUS: 1, PROPERTY TYPE: 77, TYPE OF ITEM: DIGITAL CAMERA, MAKE / BRAND: CANNON, MODEL: , CALIBER: , VALUE: \$500.00, DRUG VALUE: , SUSPECTED DRUG TYPE: 1, QUANTITY: 1, UNIT OF MS.: , DESCRIPTION (COLOR, SIZE, FEATURES, ETC.): BLACK CAMERA IN A BROWN CASE, SERIAL / OAN: , DATE RECOVERED: , N.I.C. NO.: , YEAR: 2006, MAKE: VOLV, MODEL: , BODY STYLE: 4D, LICENSE NO.: BR8769, LIC. YEAR: 2016, LIC. ST.: DC, TOP COLOR: DBL, BTM. COLOR: DBL, VALUE / DAMAGE EST.: ,																							
ON MONDAY AUGUST 10TH, 2015 BETWEEN THE HOURS OF 1030 AND 1300 AN UNKNOWN INDIVIDUAL BROKE INTO 609 GRIFFIN STREET AND REMOVED ITEMS FROM THE RESIDENCE. NO SUSPECT WAS IDENTIFIED.																							
CERT./STATUS: "I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED." YES NO, "I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE." COMPLAINTANT / VICTIM CERTIFICATION SIGNATURE: X, DATE: , REPORTING OFFICER (PRINT): MOONEY, CHRIS, RANK: POII, I.D. NO.: 6975, DATE: 08/10/2015, DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO: , I.D. NO.: , DATE: , ASSISTING OFFICER (PRINT): , RANK: , I.D. NO.: , DATE: , PROCESSED BY: , DATE: , DATA ENTRY PERSON: , DATE: , APPROVING OFFICER (PRINT): , RANK: , I.D. NO.: , DATE: , INCIDENT STATUS: ACTIVE INACT. CLOSED U.F. CL.A. CLE. EXCEPT CODE: , A-DEATH OF OFFENDER, B-PROSECUTION DECLINED, C-EXTRADITION DENIED, D-VICTIM REF. TO COOPERATE, E-JUVENILE, NO CUSTODY, H-NOT APPLICABLE, DATE: , AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.): INV, CASES CLEARED BY THIS ARREST: , CASE NO.: , CASE NO.: ,																							

OCCURRENCE DATE(S)		DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-011675		STN# 03		PRIMAR YES													
ON OR BETWEEN																											
MM/DD/YY 08/10/2015		MM/DD/YY 08/10/2015		MM/DD/YY 08/10/2015		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-011675		BURGLAR FORCE NO F. <input type="checkbox"/> <input checked="" type="checkbox"/>													
TIME 11:30		DAY OF WEEK MON		TIME 11:55		DAY OF WEEK MON		ADDRESS / LOCATION OF INCIDENT 2815 LA JUNTA				CITY SANTA FE		CTY. 01		ZIP 87505		GANG REL. YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE 00							
OFFENSE / INCIDENT		STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING					
		1		BURGLARY		30-16-3		F		C		90Z		NO		NO		NO		20		UNK		UNK			
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)		PERSON CODES O-PARENT/GUARDIAN R-REPORTING PERSON H-INTERVIEWED		V-VICTIM C-CITED S-SUSPECT A-ARRESTED		W-WITNESS D-DECEASED M-MISSING PERSON/ N-RUNAWAY		O-OTHER		TYPE CODES H-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.		P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB		O-OTHER U-UNKNOWN		INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION		M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH		U-UNCONSCIOUSNESS N-NONE		ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN J-JAPANESE A-AMERICAN INDIAN/NATIVE AMERICAN		A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE U-UNKNOWN		W-WHITE O-OTHER U-UNKNOWN	
		PERSON CODE V		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) MONTROYA																			
		STREET ADDRESS 3014 CALLE QUIETA		APT. NO.		CITY SANTA FE		CTY. 01		STATE NM		ZIP 87505															
		RES. PHONE (505) 470-7295		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX F		RACE WHT BLK ASIA IND UNK													
		HEIGHT 5' 05"		WEIGHT 140 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.			
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)		PERSON CODE V		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) MONTROYA																			
		STREET ADDRESS 3014 CALLE QUIETA		APT. NO.		CITY SANTA FE		CTY. 01		STATE NM		ZIP 87505															
		RES. PHONE (505) 470-7295		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX F		RACE WHT BLK ASIA IND UNK													
		HEIGHT 5' 05"		WEIGHT 140 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.			
		PROPERTY STATUS 1		PROPERTY TYPE 09		TYPE OF ITEM CREDIT CARD		MAKE / BRAND HOME DEPOT		MODEL		CALIBER		VALUE \$1.00		DRUG VALUE											
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)		SUSPECTED DRUG TYPE 1		QUANTITY 1		UNIT OF MS. HOME DEPOT CC		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) HOME DEPOT CC		SERIAL / OAN UNK		DATE RECOVERED		N.I.C. NO.													
		PROPERTY STATUS 1		PROPERTY TYPE 09		TYPE OF ITEM CREDIT CARD		MAKE / BRAND KHOLS		MODEL		CALIBER		VALUE \$1.00		DRUG VALUE											
		SUSPECTED DRUG TYPE 1		QUANTITY 1		UNIT OF MS. KHOLS CREDIT CARD		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) KHOLS CREDIT CARD		SERIAL / OAN UNK		DATE RECOVERED		N.I.C. NO.													
		YEAR 2004		MAKE TOYT		MODEL TAC		BODY STYLE PK		LICENSE NO. KGZ796		LIC. YEAR 2016		LIC. ST. NM		TOP COLOR WHI		BTM. COLOR WHI									
		VALUE / DAMAGE EST.																									
SYNOPSIS		ON AUGUST 10, 2015 I, OFFICER JOSEPH BACA, RESPONDED TO 2815 LA JUNTA IN REFERENCE TO A BURGLARY. UPON ARRIVAL I WAS ABLE TO SPEAK WITH SANDRA MONTROYA WHO ADVISED ME THAT BETWEEN 1130 AND 1155HRS AN UNKNOWN PERSON OR PERSONS HAD ENTERED HER VEHICLE AND STOLEN HER PURSE ALONG WITH ITS CONTENTS. MS. MONTROYA ADVISED SHE HAD LEFT HER PURSE IN HER 2004 TOYOTA PICKUP TRUCK WHICH WAS UNLOCKED BUT PARKED IN THE DRIVEWAY OF HER FRIENDS RESIDENCE.																									
		"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES NO <input type="checkbox"/> <input type="checkbox"/>		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X		DATE																	
		REPORTING OFFICER (PRINT) BACA, JOE		RANK POIV		I.D. NO. 6599		DATE 08/10/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO		I.D. NO.		DATE													
		ASSISTING OFFICER (PRINT)		RANK		I.D. NO.		DATE		PROCESSED BY		DATE		DATA ENTRY													

OCCURRENCE DATE(S)				DATE REPORTED		STATE OF NEW MEXICO UNIFORM INCIDENT REPORT				ORI NO.		INCIDENT NO.		STN#		PRIMARY																		
ON OR BETWEEN										NM0260100		14-009561		01		YES																		
MM/DD/YY		MM/DD/YY		MM/DD/YY		AGENCY				GEOGR. CODE		CASE NUMBER		BURGLARY FORCE NO F.		NO. OF UNITS ENT.																		
08/10/2015				08/10/2015		SANTA FE PD				01075		14-009561		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		1																		
TIME		DAY OF WEEK		TIME		DAY OF WEEK		ADDRESS / LOCATION OF INCIDENT				CITY		CTY.		ZIP																		
12:41		MON		12:41		MON		CALLE DEL CIELO - CERRILLOS ROAD I				SANTA FE		01		87507																		
OFFENSE / INCIDENT						STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING								
						1		WARRANT SERVICE		SFPD-03		M		C		90Z		NO		NO		NO				13		01				NO NO NO		
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						PERSON CODES		V-VICTIM		W-WITNESS		O-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE								
						G-PARENT/GUARDIAN		C-CITED		D-DECEASED				I-INDIVIDUAL		G-GOVERNMENT		U-UNKNOWN		B-BROKEN BONE		M-MINOR INJURY		U-UNCONSCIOUSNESS		B-BLACK		C-CHINESE						
						R-REPORTING PERSON		S-SUSPECT		M-MISSING PERSON		A-ARRESTED		F-FINANCIAL INST.		S-SOCIETY/PUB		R-RELIGIOUS		O-OTHER MAJOR INJURY		N-NONE		H-HISPANIC/MEXICAN		J-JAPANESE								
						H-INTERVIEWED		A-ARRESTED		R-RUNAWAY										T-LOSS OF TEETH				I-INDIAN/NATIVE AMERICAN										
						PERSON CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																						
						A		I		N		BASSETT																						
												NATHANIEL																						
												J																						
												STREET ADDRESS		APT. NO.		CITY		CTY.		STATE		ZIP												
												804 ALARID STREET				SANTA FE		01		NM		87507												
						RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE																
						(000) 000-0000						/1985		29		M		WHT BLK ASIA IND UNK		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														
						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.								
						5' 08"		150 LBS		BRO		BRO		W																				
						OCCUPATION		EMPLOYER / SCHOOL		EMPLOYER / SCHOOL ADDRESS		GANG AFFILIATION		VERIFIED																				
						UNEMPLOYED																												
						ALIAS		NICKNAME		SCARS, MARKS AND TATTOOS		CLOTHING DESCRIPTION		ARMED WITH (SEE CODES)		TYPE OF ARREST																		
																ON VIEW CITED CUST.		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																
						DRIVER LICENSE NO.		D.L. STATE		ARREST / CITATION NO.		F.B.I. NO.		S.I.D. NO.		N.I.C. NO.		RES. STATUS																
						930		NE		14-009561								RES. NON		<input checked="" type="checkbox"/> <input type="checkbox"/>														
						1. ID TYPE		ID NUMBER		ID STATE		2. ID TYPE		ID NUMBER		ID STATE		3. ID TYPE		ID NUMBER		ID STATE												
						PERSON CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																						
						STREET ADDRESS		APT. NO.		CITY		CTY.		STATE		ZIP																		
						RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE																
																		WHT BLK ASIA IND UNK		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														
						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.								
						OCCUPATION		EMPLOYER / SCHOOL		EMPLOYER / SCHOOL ADDRESS		GANG AFFILIATION		VERIFIED																				
						ALIAS		NICKNAME		SCARS, MARKS AND TATTOOS		CLOTHING DESCRIPTION		ARMED WITH (SEE CODES)		TYPE OF ARREST																		
																ON VIEW CITED CUST.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																
						DRIVER LICENSE NO.		D.L. STATE		ARREST / CITATION NO.		F.B.I. NO.		S.I.D. NO.		N.I.C. NO.		RES. STATUS																
																		RES. NON		<input type="checkbox"/> <input type="checkbox"/>														
						1. ID TYPE		ID NUMBER		ID STATE		2. ID TYPE		ID NUMBER		ID STATE		3. ID TYPE		ID NUMBER		ID STATE												
						VEH. STATUS CD.		1-STOLEN		4-REC. (STOLEN OTHER JURIS.)		7-DAMAGED/VANDALIZED		10-OTHER		VEH. TYPE CD.		01-AIRPLANE		24-OTHER MOTOR VEHICLES		39-WATERCRAFT		43-ATV										
						10		2-BURNED		5-SEIZED		8-SUSPECT'S VEHICLE		11-EMBEZ.		03		03-AUTOMOBILE		28-MOTOR HOMES		41-MOTORCYCLE		44-TRAILER										
						3-REC. (STOLEN LOCALLY)		6-ABANDONED		9-VICTIM'S VEHICLE		12-REPO.						05-BUS		37-TRUCK(PICK-UP)		42-SNOWMOBILE												
						YEAR		MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR												
						1990		MERC		COU		2D		909PYP		2016		NM		RED		RED												
						VIN		VALUE / DAMAGE EST.		DISTINGUISHING FEATURES / VISIBLE DAMAGE		TOW TO / BY		N.I.C. NO.																				
						1MEPM6045LH619433																												
						REGISTERED OWNER'S NAME																												
						CASTELLO																												
						STREET ADDRESS		CITY		STATE		ZIP CODE																						
						1147 MORNING DRIVE		SANTA FE		NM		87507																						
						AGENCY OPTIONAL USE		TOWED FROM		<input type="checkbox"/> OWNER NOTIFIED		DATE RECOVERED		TIME RECOVERED																				

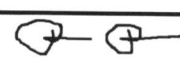
[illegible]

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO.		INCIDENT NO.		STN#		PRIMAR																			
ON OR BETWEEN										NM0260100		14-015330		09		YES																			
MM/DD/YY		MM/DD/YY		MM/DD/YY		AGENCY				GEOGR. CODE		CASE NUMBER		BURGLAR FORCE NO F		NO. OF UNITS ENT.																			
08/10/2015		08/10/2015		08/10/2015		SANTA FE PD				13026		14-015330		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			
TIME		DAY OF WEEK		TIME		DAY OF WEEK		TIME		DAY OF WEEK		ADDRESS / LOCATION OF INCIDENT		CITY		CTY. ZIP																			
14:20		MON		14:30		MON		14:20		MON		1677 CERRO GORDO		SANTA FE		01 87505																			
OFFENSE						OFFENSE / INCIDENT				STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING					
						1 WARRANT SERVICE				SFPD-03		M		C				NO		NO		NO								10		01 01 01		NO NO NO	
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						PERSON CODES		V-VICTIM		W-WITNESS		O-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE									
						G-PARENT/GUARDIAN		C-CITED		D-DECEASED				I-INDIVIDUAL		G-GOVERNMENT		U-UNKNOWN		B-B-APPARENT BROKEN BONE		M-M-APPARENT MINOR INJURY		U-U-UNCONSCIOUSNESS		B-BLACK		C-CHINESE		O-OTHER					
						R-REPORTING PERSON		S-SUSPECT		M-MISSING PERSON/				B-BUSINESS		R-RELIGIOUS				I-POSSIBLE INTERNAL INJURY		O-OTHER MAJOR INJURY		N-NONE		H-HISPANIC/MEXICAN		J-JAPANESE		U-UNKNOWN					
						INTERVIEWED		A-ARRESTED		R-RUNAWAY				F-FINANCIAL INST.		S-SOCIETY/PUB				U-SEVERE LACERATION		T-LOSS OF TEETH				I-AMERICAN INDIAN/NATIVE AMERICAN									
						PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																							
A		I		N		ARTHUR ABRAHAM																													
STREET ADDRESS						APT. NO.		CITY						CTY.		STATE		ZIP																	
804 ALARID								SANTA FE								NM		87505																	
RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.				DOB		AGE		SEX		RACE																	
																M		WHT BLK ASIA IND UNK																	
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HCM CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.											
5' 10"		230 LBS		BLK		BRO																													
PERSON N CODE						TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																									
STREET ADDRESS						APT. NO.		CITY						CTY.		STATE		ZIP																	
RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.				DOB		AGE		SEX		RACE																	
																		WHT BLK ASIA IND UNK																	
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HCM CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.											
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER		VALUE		DRUG VALUE															
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED		N.I.C. NO.																	
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YEAR		MAKE				MODEL				BODY STYLE				LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR													
VALUE / DAMAGE EST.																																			
SYNOPSIS						ON MONDAY AUGUST 10, 2015 I, OFFICER SCOTT GILBERTSON WAS DISPATCHED TO 1677 CERRO GORDO TO ASSISTED CITY OF SANTA FE CODE ENFORCEMENT WITH A CAMP SITE. WHILE I WAS AT THE CAMP SITE I MADE CONTACT WITH A MALE NAMED ABRAHAM ARTHUR. MR ARTHUR WAS ARRESTED ON TWO WARRANTS.																													
CERT./STATUS						"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE		X				DATE																	
						REPORTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO				I.D. NO.		DATE													
						GILBERTSON, SCOTT				POI		7232		08/10/2015																					
						ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY		DATE		DATA ENTRY PERSON		DATE													
CERT./STATUS						APPROVING OFFICER (PRINT)				RANK		I.D. NO.		DATE		INCIDENT STATUS				EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRAJURISDICTION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE		DATE											
																<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACT. <input type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> CL.A. <input checked="" type="checkbox"/> CL.E.																			
						AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)										CASES CLEARED BY THIS ARREST				CASE NO.		CASE NO.													

OCCURRENCE DATE(S)						DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET							ORI NO. NM0260100		INCIDENT NO. 15-011669		STN# 01		PRIMAR YES																													
ON OR BETWEEN																																																		
MM/DD/YY		MM/DD/YY		MM/DD/YY		AGENCY			GEOGR. CODE			CASE NUMBER			BURGLAR FORCE		NO. OF UNITS ENT.																																	
08/10/2015		08/10/2015		08/10/2015		SANTA FE PD			01075			15-011669			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		00																															
TIME		DAY OF WEEK		TIME		DAY OF WEEK		ADDRESS / LOCATION OF INCIDENT			CITY			CTY.		ZIP		GANG REL.		HATE / BIAS MOT. CODE																														
12:17		MON		10:58		MON		3011 CERRILLOS ROAD			SANTA FE			01		87507		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		00																														
OFFENSE / INCIDENT																					STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING									
																					1		LARCENY >\$500 BUT <\$2,500		30-16-1(D)		F		C		23D		NO		NO		NO		14		NO		NO							
																					2		RECEIVING/DISPOSING OF STOLEN PROP		30-16-11		F		C		23D		NO		NO		NO		14		NO		NO							
																					3		LARCENY-\$250.00 OR LESS		30-16-1(B)		M		C		23D		NO		NO		NO		14		NO		NO							
4		RECEIVING/DISPOSING OF STOLEN PROP		30-16-11		M		C		23D		NO		NO		NO		14		NO		NO																												
PERSON CODES G-PARENT/GUARDIAN INTERVIEWED V-VICTIM C-CITED S-SUSPECT A-ARRESTED W-WITNESS D-DECEASED M-MISSING PERSON/ RUNAWAY O-OTHER TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST. P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB O-OTHER U-UNKNOWN INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH U-UNCONSCIOUSNESS N-NONE ETHNIC CODES A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE K-KOREAN L-LATINO/LATINA M-MEXICAN/NATIVE AMERICAN P-PACIFIC ISLANDER S-SPANISH H-HISPANIC/MEXICAN W-WHITE O-OTHER U-UNKNOWN																					PERSO N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) A HUDSON																							
																					A		I		N		WACEY																							
																					STREET ADDRESS 86 TSAYATCH LOOP										APT. NO.		CITY MENTMORE										CTY.		STATE		ZIP			
																					RES. PHONE										BUS. PHONE										SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE VHT BLK ASIA IND UNK	
																					HEIGHT 5' 07"		WEIGHT 180 LBS		HAIR BLK		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.					
PERSO N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) I SEGURA																																												
I		I		N		MELENIE L																																												
STREET ADDRESS 425 WESTERN SKIES DRIVE SE										APT. NO. 527		CITY ALBUQUERQUE										CTY. 02		STATE NM		ZIP 87123																								
RES. PHONE (505) 515-8687										BUS. PHONE										SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE VHT BLK ASIA IND UNK																						
HEIGHT 5' 08"		WEIGHT 145 LBS		HAIR BLN		EYES BLU		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																										
PROPERTY STATUS 2		PROPERTY TYPE 26		TYPE OF ITEM TELEVISION		MAKE / BRAND UPSTAR		MODEL 32"		CALIBER		VALUE \$500.00		DRUG VALUE																																				
SUSPECTED DRUG TYPE		QUANTITY 1		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) UPSTAR 32" TELEVISION						SERIAL / OAN 01232000052410514				DATE RECOVERED 08/10/15		N.I.C. NO.																																
PROPERTY STATUS 2		PROPERTY TYPE 26		TYPE OF ITEM IRON		MAKE / BRAND SUNBEAM		MODEL		CALIBER		VALUE \$25.00		DRUG VALUE																																				
SUSPECTED DRUG TYPE		QUANTITY 1		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) SUNBEAM IRON						SERIAL / OAN				DATE RECOVERED 08/10/15		N.I.C. NO.																																
YEAR 2008		MAKE CHEV		MODEL IMP		BODY STYLE 4D		LICENSE NO. 436TAK		LIC. YEAR 2016		LIC. ST. NM		TOP COLOR GRY		BTM. COLOR GRY																																		
VALUE / DAMAGE EST.																																																		
SYNOPSIS SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)																					ON MONDAY, AUGUST 10, 2015 WACEY HUDSON WAS ARRESTED AFTER OFFICERS RESPONDED TO A LARCENY OF A TELEVISION. MR. HUDSON WAS FOUND IN POSSESSION OF THE STOLEN TELEVISION. MR.																													

OCCURRENCE DATE(S)			DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO.	INCIDENT NO.	STN#	PRIMAR						
ON OR BETWEEN												YES						
MM/DD/YY	MM/DD/YY	MM/DD/YY	AGENCY				GEOGR. CODE	CASE NUMBER	BURGLAR FORCE NO. F.		NO. OF UNITS ENT.							
08/10/2015	08/10/2015	08/10/2015	SANTA FE PD				01075	15-011692	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
TIME	DAY OF WEEK	TIME	DAY OF WEEK	TIME	DAY OF WEEK	ADDRESS / LOCATION OF INCIDENT		CITY	CTY.	ZIP	GANG REL.	HATE / BIAS MOT. CODE						
14:25	MON	14:30	MON	17:16	MON	3777 CERRILLOS ROAD		SANTA FE	01	87507	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
OFFENSE / INCIDENT			STATUTE OR ORDINANCE		FEL/ MISD.	ATTEMPTED/ COMPLETED	UCR OFFENSE CODE	DOM. VIOL.	SEX CRIME?	CHILD	CRIMINAL ACTIVITY CODE	LOCAT. CODE	WEAPON CODE UP TO 3 PER OFFENSE	OFFENDER(S) SUSPECTED OF USING				
			1															
			EMBEZZLEMENT		30-16-8	F	C	23H	NO	NO	NO	P	21	01		NO	NO	NO
<div>PERSON CODES</div> <div> G-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED </div> <div> V-VICTIM C-CITED S-SUSPECT A-ARRESTED </div> <div> W-WITNESS D-DECEASED M-MISSING PERSON/ RUNAWAY </div> <div> O-OTHER P-POLICE G-GOVERNMENT B-BUSINESS F-FINANCIAL INST. S-SOCIETY/PUB </div> <div> O-OTHER U-UNKNOWN R-RELIGIOUS S-SOCIETY/PUB </div> <div> INJURY CODES B-BROKEN BONE I-INTERNAL INJURY L-SEVERE LACERATION </div> <div> M-APPARENT MINOR INJURY C-OTHER MAJOR INJURY T-LOSS OF TEETH </div> <div> ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN A-AMERICAN INDIAN/NATIVE AMERICAN </div> <div> A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE </div> <div> W-WHITE O-OTHER U-UNKNOWN </div>																		
PERSON N CODE	TYPE CODE	INJURY CODE	1-NAME (LAST, FIRST, MIDDLE, SUFFIX)															
A	I	N	ORTEGA CARLOS G															
STREET ADDRESS				APT. NO.	CITY				CTY.	STATE	ZIP							
1337 ALAMO DRIVE					SANTA FE				01	NM	87505							
RES. PHONE				BUS. PHONE		SOCIAL SECURITY NO.		DOB	AGE	SEX	RACE							
(505) 570-1998				(505) 983-2690						M	WHT BLK ASIA IND UNK							
HEIGHT	WEIGHT	HAIR	EYES	ETHNIC	AGG. ASSAULT JUST. HOM. CODE	VICTIM OF OFF. NO.	VICTIM OF SUSP. NO.	REL.	VICTIM OF SUSP. NO.	REL.	VICTIM OF SUSP. NO.	REL.						
5' 11"	200 LBS	BRO	BRO															
PERSON N CODE	TYPE CODE	INJURY CODE	1-NAME (LAST, FIRST, MIDDLE, SUFFIX)															
V	B	N	FIREFOUSE SUBS															
STREET ADDRESS				APT. NO.	CITY				CTY.	STATE	ZIP							
3777 CERRILLOS ROAD					SANTA FE				01	NM	87507							
RES. PHONE				BUS. PHONE		SOCIAL SECURITY NO.		DOB	AGE	SEX	RACE							
(505) 438-3388											WHT BLK ASIA IND UNK							
HEIGHT	WEIGHT	HAIR	EYES	ETHNIC	AGG. ASSAULT JUST. HOM. CODE	VICTIM OF OFF. NO.	VICTIM OF SUSP. NO.	REL.	VICTIM OF SUSP. NO.	REL.	VICTIM OF SUSP. NO.	REL.						
PROPERTY STATUS	PROPERTY TYPE	TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE						
1	20	CASH								\$1,618.27								
SUSPECTED DRUG TYPE	QUANTITY	UNIT OF MS.	DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)			SERIAL / OAN			DATE RECOVERED		N.I.C. NO.							
	1		DEPOSIT BAG WITH CASH INSIDE															
PROPERTY STATUS	PROPERTY TYPE	TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE						
5	77	DEPOSIT SLIP																
SUSPECTED DRUG TYPE	QUANTITY	UNIT OF MS.	DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)			SERIAL / OAN			DATE RECOVERED		N.I.C. NO.							
	1		DEPOSIT SLIP FOR \$1,618.27															
YEAR	MAKE	MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR	LIC. ST.	TOP COLOR		BTM. COLOR						
VALUE / DAMAGE EST.																		
<div>SYNOPSIS</div> <div>ON AUGUST 10, 2015, I ARRESTED MR. CARLOS ORTEGA FOR FELONY EMBEZZLEMENT.</div>																		
<div>CERT./STATUS</div> <div> <input type="checkbox"/> "I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED." YES <input type="checkbox"/> NO <input type="checkbox"/> "I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE." YES <input type="checkbox"/> NO </div> <div> COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X </div> <div> DATE </div>																		
REPORTING OFFICER (PRINT)				RANK	I.D. NO.	DATE	DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO			I.D. NO.	DATE							
WAKEFIELD, LUKE				POI	7425	08/10/2015												
ASSISTING OFFICER (PRINT)				RANK	I.D. NO.	DATE	PROCESSED BY		DATE	DATA ENTRY PERSON		DATE						
APPROVING OFFICER (PRINT)				RANK	I.D. NO.	DATE	INCIDENT STATUS			EXCEPT CODE	DATE							
							ACTIVE <input type="checkbox"/> INACT <input type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> C.L.A. <input checked="" type="checkbox"/> C.L.E. <input type="checkbox"/>			A-DEATH OF OFFENDER DECLINED C-EXTRADITION DENIED E-JUVENILE, NO CUSTODY N-NOT APPLICABLE	B-PROSECUTION D-VICTIM REF. TO COOPERATE N-NOT APPLICABLE							
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)							CASES CLEARED BY THIS ARREST			CASE NO.								
INV, DA							CASE NO.			CASE NO.								

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-011688		STN# 04		PRIMAR YES																	
ON OR BETWEEN																																	
MM/DD/YY 08/07/2015		MM/DD/YY 08/10/2015		MM/DD/YY 08/10/2015		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-011688		BURGLAR FORCE NO F.		NO. OF UNITS ENT.																	
TIME 13:00		DAY OF WEEK FRID		TIME 08:00		DAY OF WEEK MON		TIME 15:08		DAY OF WEEK MON		ADDRESS / LOCATION OF INCIDENT 27726 W. FRONTAGE ROAD				CITY SANTA FE		CTY. 01		ZIP 87507		GANG REL. YES NO		HATE / BIAS MOT. CODE									
OFFENSE / INCIDENT						STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING							
						1																											
						LARCENY >\$2,500 BUT <\$20,000																											
PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON H-INTERVIEWED						V-VICTIM C-CITED S-SUSPECT A-ARRESTED		W-WITNESS D-DECEASED M-MISSING PERSON/ R-RUNAWAY		O-OTHER		TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.		P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB		O-OTHER U-UNKNOWN		INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY U-SEVERE LACERATION				M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH				U-UNCONSCIOUSNESS N-NONE				ETHNIC CODES A-ASIAN/ORIENTAL B-BLACK C-CHINESE H-HISPANIC/MEXICAN J-JAPANESE K-KOREAN L-LATINO M-MEXICAN N-NATIVE AMERICAN O-OTHER U-UNKNOWN			
PERSON N CODE V		TYPE CODE B		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) CF COLLISION																											
STREET ADDRESS 27726 W. FRONTAGE ROAD						APT. NO.		CITY SANTA FE						CTY. 01		STATE NM		ZIP 87507															
RES. PHONE (505) 428-7480						BUS. PHONE		SOCIAL SECURITY NO.				DOB		AGE		SEX		RACE WHT BLK ASIA IND UNK															
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.									
PERSON N CODE R		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) ZACHARY M																											
STREET ADDRESS 4231 VEGAS DE SUENOS						APT. NO.		CITY SANTA FE						CTY. 01		STATE NM		ZIP 87507															
RES. PHONE (505) 920-2800						BUS. PHONE (505) 428-7480		SOCIAL SECURITY NO.				DOB		AGE		SEX M		RACE WHT BLK ASIA IND UNK															
HEIGHT 6' 02"		WEIGHT 219 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.									
PROPERTY STATUS 5		PROPERTY TYPE 27		TYPE OF ITEM CD-R				MAKE / BRAND				MODEL				CALIBER		VALUE		DRUG VALUE													
SUSPECTED DRUG TYPE		QUANTITY 1		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) PHOTOS OF VEHICLE						SERIAL / OAN				DATE RECOVERED 08/11/15		N.I.C. NO.															
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER		VALUE		DRUG VALUE													
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED		N.I.C. NO.															
YEAR 2016		MAKE FORD				MODEL ESCA				BODY STYLE UT				LICENSE NO. NONE		LIC. YEAR		LIC. ST. NO		TOP COLOR GRY		BTM. COLOR GRY											
VALUE / DAMAGE EST. 2720																																	
SYNOPSIS																																	
CERT./STATUS																																	
"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."				YES <input type="checkbox"/>		NO <input type="checkbox"/>		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."				COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X				DATE																	
REPORTING OFFICER (PRINT) LUCERO, GREGORY						RANK		I.D. NO. 7113		DATE 08/10/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO						I.D. NO		DATE													
ASSISTING OFFICER (PRINT)						RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON				DATE											
APPROVING OFFICER (PRINT)						RANK		I.D. NO.		DATE		INCIDENT STATUS ACTIVE <input checked="" type="checkbox"/> INACT. <input type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> CL.A. <input type="checkbox"/> CL.E. <input type="checkbox"/>				EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE				DATE											
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.) INV												CASES CLEARED BY THIS ARREST CASE NO.								CASE NO.													

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO.		INCIDENT NO.		STN#		PRIMAR																	
ON		OR		BETWEEN																													
MM/DD/YY		MM/DD/YY		MM/DD/YY		AGENCY				GEOGR. CODE		CASE NUMBER		BURGLAR FORCE NO F.		NO. OF UNITS ENT.																	
08/10/2015		08/11/2015		08/11/2015		SANTA FE PD				01075		15-011709		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		1																	
TIME		DAY OF WEEK		TIME		DAY OF WEEK		ADDRESS / LOCATION OF INCIDENT		CITY		CTY.		ZIP		HATE / BIAS MOT. CODE																	
22:58		MON		00:39		TUE		02:38 TUE		2218 MIGUEL CHAVEZ RD		SANTA FE		01 87507		00																	
OFFENSE / INCIDENT						STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING							
						1		BURGLARY		30-16-3		F		C		23F		YES		NO		NO				18		01				UNK UNK NO	
						2		LARCENY-\$250.00 OR LESS		30-16-1(B)		M		C		23F		YES		NO		NO				18		01				UNK UNK NO	
PERSON CODES						V-VICTIM		W-WITNESS		D-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE									
						G-PARENT/GUARDIAN		C-CITED		D-DECEASED		H-INDIVIDUAL		G-GOVERNMENT		U-UNKNOWN		B-BROKEN BONE		M-MINOR INJURY		U-UNCONSCIOUSNESS		B-BLACK		C-CHINESE		O-OTHER					
PERSON N CODE						TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)		2-NAME (LAST, FIRST, MIDDLE, SUFFIX)		3-NAME (LAST, FIRST, MIDDLE, SUFFIX)		4-NAME (LAST, FIRST, MIDDLE, SUFFIX)		5-NAME (LAST, FIRST, MIDDLE, SUFFIX)		6-NAME (LAST, FIRST, MIDDLE, SUFFIX)		7-NAME (LAST, FIRST, MIDDLE, SUFFIX)		8-NAME (LAST, FIRST, MIDDLE, SUFFIX)		9-NAME (LAST, FIRST, MIDDLE, SUFFIX)							
						A		I		N		ARAGON		THOMAS		A																	
STREET ADDRESS						APT. NO.		CITY		CTY.		STATE		ZIP																			
						2100 CALLE NAVIDAD				SANTA FE		01		NM		87507																	
RES. PHONE						BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE		WHT		BLK		ASA		IND		UNK							
						(505) 428-8802												M															
HEIGHT						WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HCM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.							
						5' 08"		125 LBS		BRO		BRO																					
PERSON N CODE						TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)		2-NAME (LAST, FIRST, MIDDLE, SUFFIX)		3-NAME (LAST, FIRST, MIDDLE, SUFFIX)		4-NAME (LAST, FIRST, MIDDLE, SUFFIX)		5-NAME (LAST, FIRST, MIDDLE, SUFFIX)		6-NAME (LAST, FIRST, MIDDLE, SUFFIX)		7-NAME (LAST, FIRST, MIDDLE, SUFFIX)		8-NAME (LAST, FIRST, MIDDLE, SUFFIX)		9-NAME (LAST, FIRST, MIDDLE, SUFFIX)							
						V		I		N		TRUJILLO		ANASTACIA		E																	
STREET ADDRESS						APT. NO.		CITY		CTY.		STATE		ZIP																			
						2218 MIGUEL CHAVEZ ROAD		604		SANTA FE		01		NM		87507																	
RES. PHONE						BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE		WHT		BLK		ASA		IND		UNK							
						(505) 395-8228												M															
HEIGHT						WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HCM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.							
						5' 07"		125 LBS		BRO		BRO																					
PROPERTY STATUS						PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE															
						1		09		DEBIT CARD										\$50.00													
SUSPECTED DRUG TYPE						QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																	
						1				DEBIT CARD BELONGING TO ANASTACIA TRU																							
PROPERTY STATUS						PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE															
						1		77		NM DRIVER'S LICENSE										\$50.00													
SUSPECTED DRUG TYPE						QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																	
						1				NM DRIVER'S LICENSE BELONGING TO ANASTAC																							
YEAR						MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR													
						1999		FORD		EPD		UT		777TAP		2020		NM		WHI		WHI											
VALUE / DAMAGE EST.																																	
ON MONDAY, AUGUST 10TH, 2015 POLICE WERE DISPATCHED TO 2218 MIGUEL CHAVEZ ROAD IN REFERENCE TO A VIOLATION OF A TRO. SUSPECT WAS FOUND TO HAVE BURGLARIZED THE VEHICLE OF THE VICTIM AND WAS ARRESTED.																																	
"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED." YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> "I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE." COMPLAINTANT / VICTIM CERTIFICATION SIGNATURE  DATE 08/11/2015																																	
REPORTING OFFICER (PRINT)						RANK		I.D. NO.		DATE		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO				I.D. NO		DATE															
PINSON, PATRICK						POI		7116		08/11/2015																							
ASSISTING OFFICER (PRINT)						RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON															
APPROVING OFFICER (PRINT)						RANK		I.D. NO.		DATE		INCIDENT STATUS				EXCEPT CODE		DATE															
SGT ANTHONY TAPIA						SGT		4732		08/11/2015		ACTIVE <input type="checkbox"/> INACT. <input type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> CL.A. <input checked="" type="checkbox"/> GLE. <input type="checkbox"/>				A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE																	
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)												CASES CLEARED BY THIS ARREST				CASE NO.		CASE NO.															
DA																																	